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**MALE REPRODUCTIVE SYSTEM**

Unlike a woman, most of a man’s reproductive system is located outside of his body. These external structures include the penis, the scrotum, and the testicles.

The organs of the male reproductive system are specialized for the following functions:

* To produce, maintain and transport sperm (the male reproductive cells) and protective fluid (semen)
* To discharge sperm within the female reproductive tract
* To produce and secrete male sex hormones

### **What are the external male reproductive structures?**

Most of the male reproductive system is located outside of the man’s abdominal cavity or pelvis. The external structures of the male reproductive system are the penis, the scrotum and the testicles.

****Penis**** — The penis is the male organ for sexual intercourse. It has three parts: the root, which attaches to the wall of the abdomen; the body, or shaft; and the glans, which is the cone-shaped end of the penis. The glans, which also is called the head of the penis, is covered with a loose layer of skin called foreskin. (This skin is sometimes removed in a procedure called [circumcision](https://my.clevelandclinic.org/health/articles/circumcision).) The opening of the urethra, the tube that transports semen and urine, is at the tip of the glans penis. The penis also contains a number of sensitive nerve endings.

****Scrotum**** — The scrotum is the loose pouch-like sac of skin that hangs behind the penis. It contains the testicles (also called testes), as well as many nerves and blood vessels. The scrotum has a protective function and acts as a climate control system for the testes. For normal sperm development, the testes must be at a temperature slightly cooler than the body temperature.

****Testicles (testes)**** — The testes are oval organs about the size of very large olives that lie in the scrotum, secured at either end by a structure called the spermatic cord. Most men have two testes. The testes are responsible for making testosterone, the primary male sex hormone, and for producing sperm. Within the testes are coiled masses of tubes called seminiferous tubules

****Epididymis**** — The epididymis is a long, coiled tube that rests on the backside of each testicle. It functions in the carrying and storage of the sperm cells that are produced in the testes. It also is the job of the epididymis to bring the sperm to maturity, since the sperm that emerge from the testes are immature and incapable of [fertilization](https://my.clevelandclinic.org/health/articles/ovulation-and-conception).

**THE INTERNAL MALE REPRODUCTIVE ORGAN**

* ****Vas deferens**** — The vas deferens is a long, muscular tube that travels from the epididymis into the pelvic cavity, to just behind the bladder. The vas deferens transports mature sperm to the urethra in preparation for ejaculation.
* ****Ejaculatory ducts**** — These are formed by the fusion of the vas deferens and the seminal vesicles. The ejaculatory ducts empty into the urethra.
* ****Urethra**** — The urethra is the tube that carries urine from the bladder to outside of the body. In males, it has the additional function of expelling (ejaculating) semen when the man reaches orgasm. When the penis is erect during sex, the flow of urine is blocked from the urethra, allowing only semen to be ejaculated at orgasm.
* ****Seminal vesicles**** — The seminal vesicles are sac-like pouches that attach to the vas deferens near the base of the bladder. The seminal vesicles produce a sugar-rich fluid (fructose) that provides sperm with a source of energy and helps with the sperms’ motility (ability to move). The fluid of the seminal vesicles makes up most of the volume of a man’s ejaculatory fluid, or ejaculate.
* ****Prostate gland**** — The prostate gland is a walnut-sized structure that is located below the urinary bladder in front of the rectum. The prostate gland contributes additional fluid to the ejaculate. Prostate fluids also help to nourish the sperm. The urethra, which carries the ejaculate to be expelled during orgasm, runs through the center of the prostate gland.
* ****Bulbourethral glands**** — The bulbourethral glands, or Cowper’s glands, are pea-sized structures located on the sides of the urethra just below the prostate gland. These glands produce a clear, slippery fluid that empties directly into the urethra

**THE DIFFERENT DISORDERS OF THE PROSTRATE GLAND**

****Benign prostatic hyperplasia,**** or BPH, is very common in older men. It means your prostate is enlarged but not cancerous.

****Acute bacterial prostatitis**** usually starts suddenly from a bacterial infection. See your doctor right away if you have fever, chills, or [pain](https://www.nia.nih.gov/health/pain) in addition to prostate symptoms. Most cases can be cured with antibiotics. You also may need medication to help with pain or discomfort.

****Chronic bacterial prostatitis**** is an infection that comes back again and again. This rare problem can be hard to treat. Sometimes, taking antibiotics for a long time may work. Talk with your doctor about other things you can do to help you feel better.

****Chronic prostatitis,**** also called chronic pelvic pain syndrome, is a common prostate problem. It can cause pain in the lower back, in the groin, or at the tip of the penis. Treatment may require a combination of medicines, surgery, and lifestyle changes.

**PROSTRATE CANCER;**Prostate cancer begins when cells in the prostate gland start to grow out of control. The prostate is a gland found only in males. It makes some of the fluid that is part of semen.Almost all prostate cancers are ****adenocarcinomas****. These cancers develop from the gland cells (the cells that make the prostate fluid that is added to the semen).

**SURGERY**

The main type of surgery for prostate cancer is a ****radical prostatectomy****. In this operation, the surgeon removes the entire prostate gland plus some of the tissue around it, including the [seminal vesicles](https://www.cancer.org/cancer/prostate-cancer/about/what-is-prostate-cancer.html).

## **Risks of prostate surgery**

The risks with any type of radical prostatectomy are much like those of any major surgery. Problems during or shortly after the operation can include:

* Reactions to anesthesia
* Bleeding from the surgery
* Blood clots in the legs or lungs
* Damage to nearby organs
* Infections at the surgery site.

**INTERVENTIONS**

 **Nursing Interventions for Prostate Cancer - Impaired Urinary Elimination:**

* Instruct the patient to urinate every 2-4 hours and when it is full
* Inform patients about stress incontinence
* Observation of the emission of urine, observe the size and strength
* Monitor and record the time and amount of urination.
* Observe the decrease in urine output and changes in emission
* Percussion / palpation of the suprapubic area
* Encourage take up to 3000 ml per day when there is no heart intolenransi
* Monitor vital signs. Observation of hypertension, peripheral / dependent edema. Body weight was measured every day and keep intake and output accurately
* Give cateter and perineal care
* Give the bath seat as indicated

**Nursing Interventions for Acute Pain - BPH Benign Prostatic Hyperplasia**

* **PAIN MANAGEMENT**;Assess thoroughly about pain, including: location, characteristics, time of occurrence, duration, frequency, quality, intensity / severity of pain, and trigger factors.
* Observation of non-verbal cues of discomfort, especially in the inability to communicate effectively.
* Give analgesics in accordance with the recommendation.
* Use a personal communication that the client can express therapeutic pain.
* Assess the client's cultural background.
* Determine the impact of the expression of pain on quality of life: sleep patterns, appetite, activities, mood, relationships, work, responsibility roles.
* Assess the individual's experience of pain, a family with chronic pain.
* Evaluation of the effectiveness of the actions that have been used to control pain.
* Provide support to clients and families.
* Provide information about pain, such as: the causes, how long the case, and precautions.
* Control of environmental factors that may affect the client's response to discomfort (eg, room temperature, irradiation, etc.).
* Encourage clients to monitor their own pain.
* Teach the use of non-pharmacological techniques. (Ex: relaxation, guided imagery, music therapy, distraction, application of heat and cold, massase).
* Evaluate the effectiveness of measures to control the pain.
* Modification of pain control measures based on client responses.
* Increase the sleep / rest.
* Encourage clients to discuss precisely the experience of pain.
* Tell your doctor if action is not successful or event of a complaint.
* Inform other healthcare team / family members when action nonfarmakologi done, to a preventive approach.
* Monitor the comfort of the client to pain management
* **2.PROVISION OF ANALGESIC**Determine the location of pain, characteristics, quality, and severity before treatment.
* Give the drug to the principle of "5 right".
* Check the history of drug allergy.
* Involve the client in the electoral analgesics to be used.
* Select the appropriate analgesic / analgesic combination of more than one if it has been prescribed.
* Monitor vital signs before and after administration of analgesics.
* Monitor adverse drug reactions and medication.
* Document the response of the effects of analgesic and unwanted.
* Perform actions to reduce analgesic effects (constipation / stomach irritation).
* **3.ENVIRONMENTAL MANAGEMENT**Choose a room with the right environment.
* Limit visitors.
* Determine the things that cause discomfort such as damp clothing.
* Provide a comfortable bed and clean.
* Determine the most comfortable room temperature.
* Provide a quiet environment.
* Pay attention to hygiene to maintain patient comfort.
* Adjust the position of the patient made ​​comfortable.

The most common surgery for BPH is called transurethral resection of the prostate or TURP.

### **How does the procedure work?**

After anesthesia, a surgeon will insert a tool called a resectoscope into the urethra. In some cases, a separate device will be used to flush sterile fluid through the surgical site.

Once the surgeon has positioned the resectoscope, they will use it to cut away abnormal prostate tissues and seal broken blood vessels.

Finally, the surgeon will insert a long plastic tube called a catheter into the urethra and flush destroyed prostate tissues into the bladder where they are excreted through urine.

Most TURP surgeries take between 1 and 2 hours and require several hours recovery under continuous monitoring.

The catheter is usually kept in place for 2 to 3 days after TURP surgeries and removed when the bladder has been completely flushed

Common side effects of TURP surgeries include:

* difficulty completely emptying the bladder
* [urinary incontinence](https://www.medicalnewstoday.com/articles/165408.php%22%20%5Co%20%22Urinary%20Incontinence%3A%20What%20you%20need%20to%20know) or leakage
* urinary urgency or the sudden urge to urinate
* discomfort during urination
* small dribbles or clots of blood in the urine, for up to 6 weeks

The minor side effects associated with TURP surgeries usually go away as the urethra and prostate tissues become less inflamed, usually within a few weeks.

**Nursing care for prostate cancer**

* Nursing Care Plan | NCP Prostate Cancer. Help the patient to get out of bed and walk in the halls to his tolerance level, usually three or four times a day. Once nausea has passed, bowel sounds are present, and fluids are allowed, encourage a fluid intake of 2500 to 3000 mL/day to maintain good urine output.

# **Patient education for prostate cancer**

## **How do we detect prostate cancer?**

* ****Prostate specific antigen (PSA)****
A common method of detection is the testing of PSA, a protein released by the prostate. Normally, PSA is present in the blood at concentrations below 4 ng/mL. Higher concentrations indicate prostate enlargement, and much higher concentrations indicate prostate cancer and metastasis. It is advised for Caucasian men over age 50 and men of African descent who are over age 40 to have their PSA tested regularly.
* ****Digital rectal exam (DRE)****
Prostate cancer can cause hard nodules to form on the wall of the prostate, and these can be felt through the wall of the rectum, in a test performed by your primary care physician, known as Digital Rectal Exam (DRE).
* ****Family history****
A person's genetic makeup is also important. People whose relatives have had prostate cancer are at a higher risk than those without. Men with a [family history](https://sunnybrook.ca/content/?page=brca-gene-mutation-cancer) of prostate cancer should be screened earlier than age 50.
* ****Ethnic background****
A person's ethnic background can further indicate risk of prostate cancer. Men of African descent have a higher risk for prostate cancer than Caucasians. Men of Asian descent have the lowest risk for prostate cancer. Also, voiding difficulties in men does not necessarily indicate the presence of prostate cancer. In fact.

**PATIENT EDUCATION FOR BPH**

If you have BPH, you may have one or more of these symptoms:

****\***** You feel as if you have to urinate (go to the bathroom) often, but when you try, only a small amount comes out.

\* Your penis leaks urine.

\* You wake up frequently during the night to urinate.

\* Your urine stream is weaker than usual.